

## **Kansas Counties Improve Preparedness for Bioterrorism and Emergency Response**

A comprehensive study released in late July shows local health departments in Kansas significantly improved their level of preparedness for bioterrorism and other public health emergencies during the first year of significant federal funding (2002-2003).

The report, *Bioterrorism and Emergency Response Preparedness of Local Health Departments in Kansas: 2003*, was commissioned by the Kansas Association of Local Health Departments (KALHD), and prepared by the Kansas Health Institute (KHI), an independent, nonprofit health policy and research organization. Funding for the study was provided by KDHE from federal bioterrorism funds.

The study evaluates the local health department programs from August 2002 to August 2003, and reveals a nearly 28 percent improvement in preparedness levels at the local level in that 12-month period. Information regarding preparedness improvements from 2003 to 2004 and the first half of 2004 are not addressed in the report.

"The findings of this report are evidence that significant investments in local public health can improve local preparedness in specific and measurable ways," said Roderick L. Bremby, Secretary of KDHE. "Local health departments across the state are much more prepared now to handle bioterrorism events and natural emergencies. We can expect those improvements to continue as counties and regions build upon the infrastructure they were able to put in place from 2002 to 2003."

"Kansas is one of only a handful of states to have completed an assessment of local preparedness," Bremby added. "It is extremely beneficial for the counties and regions to have this information at this stage in the process because it will enable them to improve capacities and close gaps much faster than might otherwise have been possible."

The goals of the study were as follows: evaluate progress during first year of federal funding for preparedness, determine current capacity achieved, and identify gaps in preparedness at the local level to determine which areas need to receive priority attention.

"We believe that this independent assessment, supported by both state and local public health agencies, provides objective information about bioterrorism preparedness in Kansas communities," said Robert St. Peter, M.D., President and CEO of Kansas Health Institute. "This effort is consistent with national trends towards performance standards in public health and represents an important effort to improve accountability in our state. What we learn in this process will be useful in other areas of public health as well."

The report was developed after two extensive surveys (a 2002 survey with 100 percent participation and a 2003 survey with 98.1 percent participation) were completed by local

county health departments throughout the state. The surveys assessed critical capacities by county and region, with improvements found in all of the preparedness areas reviewed: planning and assessment (15.8 percent improvement); surveillance and epidemiology (34.3 percent improvement); laboratory capacity (10.4 percent improvement); communication and information technology (25.7 percent improvement); risk communication and health information dissemination (22.6 percent improvement); and education and training (48.3 percent improvement).

Key findings of the report:

- Preparedness for bioterrorism improved in the local public health system. During a 12-month period after significant federal funding was passed on to counties by the state, the local health departments collectively improved their preparedness level nearly 28 percent from the previous year. In addition, county preparedness improved in 89 of the 103 reporting counties over the 12-month period.
- Additional improvement is needed. This multi-year, federally funded program allows states and counties to continue to build upon the improvements already made from 2002-2003, by reviewing areas where need still exists and building infrastructure specific to those needs.
- Variations of preparedness exist throughout the state from county to county, region to region, and in critical capacity areas; and specifically, variations exist between urban and rural areas with urban areas having a higher preparedness level.
- Higher level of preparedness is more difficult to achieve in rural areas.
- Regional efforts seemed to improve preparedness. Fifteen bioterrorism regions were formed ranging from 3 - 13 counties each. All 15 regions improved their preparedness level and each region has at least one county showing higher preparedness levels and strengths from which other counties in the region could benefit during an emergency in the region.

"Through this study we see the important benefits of forming regions to enable counties to work together to determine needs and share resources in a specific area," said Joe Connor, President of the Kansas Association of Local Health Departments (KALHD), and Director of Unified Government Wyandotte County, Kansas City Kansas Public Health Department. "The variations of preparedness from urban to rural areas underscore the importance of the regionalization effort in building local capacity."

"With the information from this assessment, counties and regions are better able to plan ahead because areas of need have been identified," said Edie Snethen, Executive Director of KALHD. "This study better paves the way for resource planning, capacity improvement planning, identification of performance measures and progress monitoring at the county and regional level."

A copy of the report is available on the Kansas Health Institute Web site, [www.khi.org](http://www.khi.org), and on the Kansas Department of Health and Environment Web site at [www.kdhe.state.ks.us](http://www.kdhe.state.ks.us).